LABORE MANE			Staten	nent On F	1040100 -	ide			Page		/ Pag	105	
Patrick W. Henning						SSN or EMPLOYEE NUMBER*				DEPARTMENT ED.D			
CITY STATE ZIP CODE					HEADQUARTERS ADDRESS BOO Capitol City Sacramento				Ma // TELEPHONE STATE ZIP COL		TELEPHO	NE NUMBE	
											005		
											95812		
NORMAL WORK HOURS				(2)		EHICLE LICE		U MBER	(3) MII	EAGE RATE		0/6	
08:00 - 17:00													
) MONTHYEAR (6) LOCATION	(7)	(8) MEALS			(9)	(10)		TRANSPORTA	TION		(11)	(12)	
1/2009 WHERE EXPENSES		BREAK-		O.T., L/T. N/C. RELO.	INCIDEN-	(A) COST OF	(B) TYPE	(C) . CARFARE		(D)		TOTAL	
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SUBTOTALS	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.00	0.0	
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SUBTOTALS COLUMN CODE (ACCTG. USE ONLY)		0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0,00		
SUBTOTALS COLUMN CODE (ACCTG. USE ONLY) CLAIM TOTAL				0.00	0.00			0.00	0.00	0.00	0,00		
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SUBTOTALS COLUMN CODE (ACCTG, USE ONLY) CLAIM TOTAL A) PURPOSE OF TRIP, REMARKS AND DETAILS (ALI 5) I HEREBY CERTIFY That the above is a true of used, and if mileage rates exceed the minimum SAM Sections 0750, 0751, 0752, 0753 and 075	ttach receipts/vo	ouchers when	required)	by me in acc e vehicle was usage.	containce with	DPA rules in	one rase c		PAID B	SENCY ACC USI Y REVOLVING	E OUNTING (E ONLY) S FUND CHE	CK NUMBE	